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Original Department.

Lecture.

THE CONDITIONS OF HEALTH IN THE INFANT.

Delivered at Jefferson Medical College,

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Lecturer on Diseases of Children.

It is absolutely impossible to judge correctly of any diseased condition of the human frame, unless we previously have a thorough knowledge of that frame in a state of health. This proposition is so self-evident that it is unnecessary for me to do more than make the statement. While this is true as to adults, it applies with equal force to the cases of children. We carefully study the anatomy and physiology of each organ, its relations to other organs, and the condition of the body as an accumulation of these parts. So it behooves us to study the child, to familiarize ourselves with it in every way, from the moment of birth up to the time when it and its diseases may be regarded as no longer peculiar, but as coming under the ordinary heading of diseases of adult life.

Feeling the necessity of such a study, and knowing well that the books are almost completely silent on this important point, I have deemed it well to devote this lecture to the consideration of healthy children, and what we should expect to find in them.

At the moment of birth the infant changes entirely its mode of life. From a condition peculiar to itself, it changes, at a bound, to the condition of a breathing animal. Hitherto its lungs have been in a dormant state, their cells flaccid; now these cells expand, the air suddenly rushes into them and fills them, gradually, to their utmost capacity. The blood no longer flows through the umbilical cord, but passes by a new route through the lungs, and as it passes is wonderfully changed and vivified by the reception of oxygen from the air in the lung cells, burning out the effete black matters which but recently loaded it. The child has become "a living, breathing soul."

From a condition of almost perfect rest, its limbs and body folded upon themselves so as to occupy a remarkably small space, it assumes the role of an active, moving being. This is an especial point; a healthy infant, save when asleep, is almost constantly in very active motion. But as the little being commences to grow very rapidly, it requires a great deal of food and rest to enable it to progress; hence, we find that an infant sleeps two-thirds or three-fourths of its time.

But before we attempt the consideration of its habits, it would be well to give you some idea of its appearance. The average infant at birth measures about eighteen inches in length. As I have just said, it commences to grow very rapidly, and so continues, but each year slightly diminishing the increase. Thus, for the first year, it grows at such a rate that by the close of the year it has attained a length of, say 26 inches; during the second year the increase is less, or about four inches, say half as much as that of the first year; the third it again is lessened, amounting to three inches; and thus it continues, averaging from this time about two or two and a half inches each year, slowly decreasing, until from the fourteenth or fif-

teenth year the child rarely gains more than one inch each year.

The weight is usually seven and a half pounds. On this point we are continually liable to deception. Again and again I have been assured of extraordinary weights, or conjectures have been made, but the test by a pair of good scales, or the little standard scales now so often met with in many households, will reveal a very small number of children above the weight of eight pounds. The general rule is that female infants are a trifle shorter and lighter than males. In the case of twins the two generally weigh about ten and a half to eleven pounds. At the end of a year the infant's weight has increased to about twenty pounds; and the increase goes on at the rate of four or five pounds by the end of the second year, and year by year from four to seven pounds. Marked variation either way, as to length or weight, does not constitute disease, though these points should be considered when a prognosis is required as to probabilities of life, etc.

The color of the skin is of a deep pink tint; the skin being delicate and highly vascular. The peculiar cheesy covering so often found tenaciously adhering to the surface of many new-born infants, technically called *vernix caseosa*, varies greatly in profuseness, and in a large number of children is entirely wanting. I have not observed any difference as to the health of children in relation to the absence or profuseness of this matter. Generally desquamation of the cuticle, to a greater or less extent, occurs within a few days.

The body and limbs are soft, not flabby, giving rather the sensation to the hand of fatness, and in reality the majority of infants are plump and in good condition, even when the mother has been poorly nourished during pregnancy.

The appearance of the child is rather as though the head and body had been nourished, to the neglect of the limbs, but this is solely due to the fact that the limbs have been almost perfectly quiescent. We find that the muscles are deficient in fibrine, hence they are soft and destitute of that firmness which they subsequently acquire by the almost constant use to which they are put by the child in its varied movements.

The bones are relatively small, and greatly deficient in earthy matter, being almost wholly cartilaginous. Hence it is that they yield so readily to force, not breaking, but bending, and finally, when bent too far, we have produced what is technically called the "green-stick" or partial fracture—the bone being broken on one side and bent on the opposite. This want of strength in the skeleton is important to be known, in order that care may be taken not to expose the child to injury by the upright position at a very early age, and especially by those efforts, so common with fond mothers and nurses, of placing children too soon on their feet, in the desire to see them commence to walk. We may almost always depend upon the child itself in this matter, as it instinctively endeavors to place itself erect when it feels that its legs are able to bear the weight placed upon them. Another important point is to remember that the shafts of the long bones and their epiphyses ossify at different periods; and that these epiphyses are almost loose, as it were, or so slightly joined to the bones that a very trifling force will separate them. The solid union is rarely completed until after the age of puberty, say the fifteenth or sixteenth year. The bones of the skull are separated by divisions covered by membrane, and these lines become subsequently the sutures, or lines of ossific union of the bones. At the points where these sutures unite with or cross each other, ossification is still less complete, and slower in its progress, so that large openings, the fontanelles, present. These are familiarly called the "moulds of the head." There are several of these, but the two most prominent and important are the anterior or large fontanelle, formed by the two frontal and the two parietal bones, shaped like a trapezium, with the anterior angle most acute, and the posterior or small fontanelle, which is formed by the two parietal and the occipital bones. This is very much smaller, and is usually ossified much earlier than the anterior, which remains in a membranous state until the child has acquired some age. The fifth year is usually the age at which these openings have become completely filled by bone.

Generally, at the moment of birth there is some hair on the scalp, but when this is unusually long and thick it falls out, and is gradually replaced by the permanent growth.

The pulse of a new-born child is markedly rapid and soft, and is easily affected by the slightest causes, as emotion, or position, and even varies at different periods of the day. The heart, though large, proportionally, is soft and pale. It contracts and dilates at an average

rate of 120 times in the minute. But though the pulsations in children are always more frequent than in adult life, yet this great frequency soon begins to lessen, and by the fifth year it has fallen to about 85 or 90 beats.

On this subject Tanner gives the following conclusions: "In young infants no signs can be deduced from the fullness or hardness, the strength or weakness, of the pulse, since, generally, these distinctions cannot be even recognized. The pulsations are often irregular without any disease being present. They are very frequent, the normal quickness varying from 100 to 120 a minute; the average quickness being about 104 for children under five years of age. They diminish gradually as the period of weaning approaches, continuing to do so until adult age, when they are about eighty. Sex has no influence up to the age of seven years; after that the female pulse becomes slightly quicker than that of the male. Sleep lowers the frequency by about eighteen or twenty beats, and makes it also more regular."

The respiration is the first action of the child. The moment it is extruded from the parts it involuntarily draws in the air, expands the cells of the lungs, and at the same moment there commences the change by which the blue or venous blood is changed into arterial or red blood.

At all ages the act is without any regularity. The individual, while deeply intent upon some pursuit, neglects, as it were, to inspire fully, and by and by the wants of the system compel him to take in a full, long breath. This is equally the case at all stages of childhood, though the respiration becomes more decidedly regular after the close of the second year. It must be understood that the child does not for some time fully expand its air cells. This is a gradual process. The act of inspiration in very young children is almost wholly by means of the diaphragm and abdominal muscles; there is but slight dilatation of the chest. Of course, during sleep, the respiration becomes more regular and tranquil. The number of respirations is about thirty during sleep, to forty during the waking moments. As I have said already, this act is so readily affected by the most trivial causes, and may jump in a moment, as it were, to double the number of the usual average of respirations, that it can enter but to a limited extent into our diagnostic means.

The temperature internally is quite uniform. It varies but slightly from that of the adult.

During the first few days or a week it is rather lower, the average being about 98.5°, while subsequently it ranges about 99°. Of course, the temperature externally varies as that of the atmosphere to which it is exposed.

We next come to the digestive system. Here we find many points which are of great importance to bear in mind. The mouth seems especially modeled at this time for the act of sucking, by the absence of teeth and by the disposition of the lips, palate and posterior nares. At a very early period taste appears to be entirely absent, for we find the new-born infant readily accepting even quite nauseous substances. But this does not long continue, for it is soon noticed that the little one quickly discriminates between bitter and sweet or aromatic fluids. The organs of digestion are ready for the most active duty; and hunger and thirst are perhaps the earliest sensations after the first hours of life.

Saliva is not secreted until after the third month. The alimentary canal is much less tortuous than in later years, and the angle by which the œsophagus is joined to the stomach is an obtuse one, and hence the act of vomiting is a matter of great ease in the case of children. This is one of the admirable provisions of nature to enable the little patient to eject the contents of its stomach, which may often serve as a prophylactic against additional intestinal troubles. We may really denominate this regurgitation, rather than vomiting. Nor is this all, for we find that articles of food which must have passed out of the stomach into the lower bowel are very frequently ejected by the mouth. Again, we find, by the ease with which the fecal dejections are passed, that the bowels are much less tortuous in their course. All the digestive organs are less perfectly organized than in after life, yet they are fully in a condition to digest rapidly and completely the appropriate aliment so necessary to supply the material with which to build up the entire structure. In fact, the stomach has so little work to do in comparison with its after duties, that in the infant it is but little more, in form and purpose, than an enlargement of the tube at this point. Showing that its function is not to retain the food for a long time, as in adult life, and there subject it to the process of digestion, but that the food is really to be brought into its cavity almost fully ready for the changes which are to occur, as it is conveyed

rapidly on into the blood vessels. The capacity of the stomach of the infant is not very great. Perhaps half a pint placed at one time within it will be sufficient to fill it uncomfortably full. About four to six ounces of food is the average amount of liquid nourishment taken at each time of sucking. So rapidly is digestion accomplished, that in about two hours this is digested, and nature again demands a supply. This is the rule, with variations according to circumstances, throughout the day. But at night the majority of infants arouse from their slumbers about once in six hours, and require to be nursed. Much, here, however, depends upon habit. By care, many mothers succeed in accustoming their infants to a much longer interval at night, and thus secure for themselves a more comfortable rest. Those mothers who allow themselves to give the breast to the child at every moment of restlessness, or on every occasion that they may take the child into their arms, soon accustom the little one to demand it, and they rapidly place themselves under the caprices of a tyrant whose chains are galling, even though they are covered with the velvet covering of maternal love.

When nursing, the infant sucks until it is satisfied, unless some interruption occurs. Hence, this point, as to the quantity of food to be taken at once, need only claim our attention in cases where artificial feeding becomes necessary.

The act of nursing on the part of the child should never be one indicating effort. A healthy nipple and breast give forth the supply with but little solicitation. A healthy child draws its nourishment without effort, and with evident pleasure. During the act of sucking it must not be forgotten that the respiration is necessarily performed through the nose. Hence its distress when, from any cause, that organ is obstructed.

Vomiting, or rather, regurgitation, constantly occurs in healthy children, as a result, almost always, of an over distention of the stomach. In these instances it comes up with little or no change, often just as it was drawn from the breast.

Many infants quietly draw the milk, and as they become satisfied, gradually fall off into a sound, refreshing slumber. This is well, as the stomach is permitted, without disturbance, to digest and dispose of the milk. Too many people, such as fond fathers, etc., forget their own sensations after a full meal, and snatch the little one from its mother's arms, as it lays back in pleasant contentment, and the next moment it is tossed into the air, tickled, to make it laugh, trotted roughly on the knee, all as though the little stomach was a churn, and the effort was now being made to convert its contents, as rapidly as possible, into butter. Cheese, of a very indigestible form, is the usual result, and fortunately for the child, it also usually ejects said result over the clothes of its fond entertainer.

The bowels should be, immediately after birth, evacuated of a dark-greenish or blackish matter, of a tarry consistence. This is called the meconium, and generally, under the aperient action of the colostrum, or first milk of the mother, it is completely cleared out by the end of the second or third day. Then the discharges become of a soft, curdy appearance, almost without odor, and of a dark yellow color. During the whole of infancy, at least until the food becomes of a more solid character, the evacuations are soft and of a light brown or yellow color. The frequency of the passages depends upon the frequency of feeding. From the first, the infant will have several evacuations in the course of the twenty-four hours. This gradually changes, so that the usual rule is three or four passages in the twenty-four hours. After the period of dentition, and the child is fed on more solid food, the stools are more consistent, but should never be hard. During summer they are generally thinner, and always now have a more feculent odor, but are not really very offensive.

The urine is almost colorless, say of a light straw color, is passed very frequently, requiring frequent changes of its napkins, has a slightly urinous smell, and will average one or, at most, two ounces at a time. The bladder is quite small, and the child, having no consciousness as to any need of retaining it, will pass the contents of the bladder at the least provocation. This is gradually brought under control, perhaps, as much as anything, by the involuntary education of the child. Its sense of discomfort is very acute, and it soon observes, unless it is at once changed, that this discharge of the urine leaves it cold and wet. I am fully satisfied that instinctively the child is thus taught to retain the contents of the bladder, and thus, while not so frequent in the performance of the act, more fluid is discharged at each time.

The senses of a child become developed earlier than some imagine. A few days elapse and we find it no longer devoid of taste, but smell undoubtedly develops much later. Hearing, while not very acute, that is, so as to enable it to distinguish between special sounds, yet is sufficiently developed within the first few days that it becomes necessary to observe great caution as to the avoidance of noises within its particular sphere. The sense of hearing soon becomes quite acute, though its education does not progress with much rapidity until a much later period. Still, we soon find the infant able to determine between noises or sounds of an agreeable or of a disturbing character. We constantly see illustrations of this, where the pleasant, endearing expressions of the mother will produce a cooing response from her infant; while an attempt, in no louder tones, on the part of a stranger will startle the little one, and it will show abundant signs of alarm and fear.

The sight is on a parallel with the sense of hearing. From the moment of birth, the eyes, which are open with an apparently inquiring look, will be turned to and from the light. Nor is it necessary for us to do more than observe the contraction of the brow when the face is exposed to a strong light, to understand that the optic nerve receives the impression, and that it is not an agreeable one. A short time elapses, and we find the little one following, with its eyes, its mother, as she passes near it, and soon it learns to distinguish her face from all others.

The breath should be inodorous, the tongue and mouth of a uniform dark pink color, and the lips of a bright red.

The infant is eminently susceptible of pain. In fact, its nervous system is particularly awake to all impressions, but, fortunately, the sunshine and rain follow each other almost immediately, and we are led to believe that while acutely alive to unpleasant impressions, the effects are but transitory.

From this acuteness of nervous sensibility, we would readily infer that trifling irritations would induce, even in the healthiest infant, very grave forms of sympathetic affections, and thus produce dangerous morbid action.

Its cry, without tears, until the third or fourth month, expresses its feelings of hunger, of alarm, of pain, of anger, etc. These various causes of distress are at first expressed almost without any modulation, by the same shrill note, more or less prolonged, according to the cause. When from hunger, the act of suckling it at once appeases its cries. When from alarm or anger, even at a very early age, we can readily distinguish the difference. The first will cause it to break out afresh, again and again, amid the soothing caresses of its mother. The other is shown by the refusal to be comforted, and a turning from the breast as if in vexation. Pain, as it recurs at short intervals, causes the cries to break forth as in spasmodic efforts.

The attitude of the infant, whether awake or asleep, is perfectly natural, that of complete repose and helplessness. Unable, at first, to raise its head on its shoulders, it lies on the back, kicking its legs in every direction, beating the air aimlessly with its fists, which are almost constantly closed, but with the thumb out. Perpetual motion is the constant condition of the wide awake infant.

Thus it remains, with but slight changes or modifications, gradually unfolding its powers, strengthening its muscles, stiffening its bones, until the approach of the first dentition, or what are known as the temporary teeth. These are twenty in number, viz., four incisors, two canines and four molars in each jaw. On an average, these teeth commence to appear at the age of seven to eight months; the two central incisors of the lower jaw being first, then the same of the upper jaw; the lateral incisors on either side are next, those of the upper jaw generally coming first, followed soon by the corresponding ones of the lower jaw. Leaving a gap, we next find the anterior molars of the under, and then of the upper jaw, about the end of the first year, or a month or two later. The canine teeth are much delayed, and are generally cut about the sixteenth to twentieth month. Lastly, the second posterior molars are cut generally by the middle of the third year. There is no reason why this period of dentition should be other than that of health, but unfortunately, the reverse obtains, and so bad a reputation has been acquired by the first teething that it is invariably regarded as a period of danger and trouble, and is always anticipated with much fear. I have seen many instances where the greater number of the temporary teeth were cut so readily that they almost escaped notice until their presence was detected by accident, as the biting of the nipple in the act of sucking.

The food now is more or less changed. Addi-

tions are gradually made to it, in the shape of table food. Every form of light, easily digested material is advisable, and the breast milk becomes, as it were, a bonne bouche, or dessert; or is reserved for the night hours, and gradually the infant is weaned from its desire for the breast.

Articulation now begins, and proceeds more or less rapidly. From about the seventh month, efforts have been made at the formation of words, but these generally were merely mechanical, as when the infant, instinctively, as it were, would form the labial sounds, ma ma or pa pa, and would be encouraged to continue them by the pleasure evinced by those around it. Language is the result of the unfolding of the intellect. Words are increased as they become necessary to express the wants; hence the rapidity with which an infant learns to talk greatly depends upon its surroundings and its instructors.

Another power, that of locomotion, is now being acquired. As I have said before, we should neither retard nor hurry the infant in its efforts. At the second month we find it able to hold its head erect. In a few weeks more it becomes able to sit erect, and tolerably firm. Thus it progresses, till we find it, by the seventh or eighth month, standing by chairs, etc., and by the tenth or twelfth month it moves off on its journey alone. There should be no dragging of the limbs or a bent back when a healthy child begins to walk, but it should be straight, with firm limbs. In fact, the act of walking should be evidently a pleasure, not a task.

Now it sleeps less, with less tendency to interruption during the night, as before, for the purpose of nursing. The child now generally goes to sleep at dark and wakes with the light, until it is broken into other and less healthy habits.

The attitude in sleep is less important than when awake, as we constantly find infants placing themselves in apparently strained or uncouth positions, which we learn, on inquiry, are but a caricature of some habit of one or other of the parents.

The second dentition is less important, as it is rarely the source of much inconvenience.

—A London correspondent visited a doctor, and after consultation asked, "What is your fee?" He replied, "Specialists and extortionists charge two guineas, quacks ask half a guinea, but a physician's fee is a guinea. I am a physician."

Communications.

ON SKIN GRAFTING.

BY G. W. GARRISON, M.D.,

Of Utica, Ohio.

Read before the Knox County, Ohio, Medical Society.

The subject which I wish to call your attention to on the present occasion, Mr. President and gentlemen, is one with which I have had but a limited experience, and I might say that our textbooks have but little to say about it; nevertheless, I have had two cases in which it proved a positive success, when all other therapeutical plans failed in my hands, as well as in those of some other members of our fraternity. I was about to conclude that these unhealthy ulcers had become an excretory dyscrasia, as the first one almost healed, and then broke out again as bad as ever, seeming to say to me, in my first effort to cicatrize, thus far and no further. I thought of making a second effort and availing myself of a new plan in treating extensive abrasions of the cuticle. My subject, then, gentlemen, is skin grafting.

"You will say at once, doubtless, that the subject is altogether a surgical one. I answer, not necessarily so, as the physician must, at times, resort to the bistoury, scissors, bandaging, and small forceps which they carry in their pocket cases, in order to remedy some little trouble, while, at the same time, they make no pretensions to surgery. They can have their adhesive plaster, thumb lance, a small case of instruments to suit their own notions, in order to carry on successfully their plans in the healing art, but in all cases requiring surgical skill they would call to their aid one in whom they have confidence as a surgeon. Then, raising a small piece of epidermis with a pair of diminutive forceps, and severing it with a pair of scissors, without drawing blood, and transplanting this little slip into the abrasion where you wish it to take root and grow, could hardly be said to belong to surgical practice altogether. Now, this is all there is in skin grafting and the modus operandi pertaining to it, and any physician can avail himself of it in the treatment of large skin abrasions which he fails to make cicatrize by medicines or mechanical means, etc.; and one would rationally conclude if we did not give this treatment to our patient we failed in doing our

whole duty. In order to facilitate, I will reduce my paper to one of a practical nature, if I can, by dividing my subject into three heads, viz:—

1st. Cases requiring skin grafting.

2d. Plan of procedure.

3d. How long to continue transplanting.

I shall then report two cases.

First, cases requiring this treatment. I will preface by saying that we must have our patient in the very best possible condition, and our ulcer or sore correspondingly so. We can give our patient tonics, nutritious diet, morphia, to quiet night neuralgais in the sore. As regards the ulcer, if there should be indurated edges they must be removed by poulticing, alternating daily with pressure exerted with adhesive straps over the thickened walls or edges of the sore; and to make the ulcer healthy, I have often found Peruvian bark and creta prep., with a small moiety of calomel mixed with it, sprinkled over the sore twice a day, will soon give the surface of the ulcer a healthy and florid appearance; at the same time all of the above therapeutical plans will cause the margins of the sore and the abrasion to be on a level with the surrounding skin; at this period of our treatment nature will make an effort, as usual, to cicatrize; then is the time the second consideration of our subject begins.

2d. Modus operandi of skin grafting.

Pinch up a small amount of the cuticle from the inside of the arm with a small pair of forceps, and divide it with a small pair of concave scissors, being careful not to draw blood, and get the slip free from adipose tissue; insert this piece of skin into the granulations about one inch from the margin of the sore, and repeat in a similar manner until you have slips within an inch of one another all over the abrasion. The size of the piece of cuticle is not so material; the object to be attained is to have it to grow; and it can't take root unless it be buried into the ulcer. A piece of skin the size of a pin's head is large enough. When the grafts are all inserted, dress the sore with an artificial scab, made of adeps porci, nine ounces, and thickened into a paste with English prepared chalk, twelve ounces, and spread over the sore and margins, retaining it there with a roller or adhesive plaster. Let this dressing remain on for three days, then redress by removing this artificial scab, and wipe the sore with a soft cloth. Right here, gentlemen, permit me to digress, by saying, never use any water in dressing old sores, for it seems to make them take on those horrible nocturnal neuralgias the night following. Then remove your paste carefully and wipe dry; wherever a slip has taken you will notice a small depression at that point, and if you think advisable you can insert other grafts, and dress as before, and so on, until cicatrization is perfected.

3d. How long to continue transplanting.

Until the sore is studded full of grafts, and the ulcer, to all appearance, about well. I would suggest, if the sore is on the lower limb, quietude in the recumbent posture, and the leg elevated, as any pressure upon the ulcer at this time would cause most serious interference with the new granulations, as well as destroy the newly formed cuticle within the sore, which resembles so many small islands in a body of water; these little islands of skin will meet the skin from either side, and thereby bridge the abrasion over. By carefully watching at this stage the new skin will become permanent, so that your patient may be allowed to go about. If the sore is on an upper extremity, the patient can have more liberty to go around. As regards the dietetic plan in these cases, as a general thing, the regimen should be articles of diet containing fat nitrogenized, and phosphatic combinations, together with milk and eggs. Stimulants should be avoided.

REPORT OF TWO CASES.

Mrs. B., aged sixty years, has had an indolent and irritable ulcer covering the dorsum of both feet and extending up the ankles, involving both malleolus processes, with indurated edges around both sores. This woman has suffered considerably, as her present physical condition shows, and she has tried a legion of remedies, as well as a goodly number of physicians, during her long period of illness, but all to no purpose, so far as giving her any permanent relief. The feet would, at times, under a soothing treatment, heal over about one half of the abrasion.

In December, 1875, her husband sent for me, and after taking in her situation and the character of the ulcer, I made the following prescription, viz.:—

℞.	Phosphoric acid, diluted,	f.℥ss
	Glycerine, pure,	f.℥j
	Fowler's solution arsenic,	gtts.iij. M.

Sig.—To be taken three times a day after eating.

Locally I used elm poultices every six hours, for two days. Then I began my favorite treat-

ment, in order to give tone as well as a healthy appearance to these sores, consisting of—

℞. Cinchona pulv., ℥j
English prepared chalk, ℥j
Hyd. sub. mur., ℥j. M.

Sig.—Dust the ulcer and margins over twice a day with this powder.

In a fortnight I had the pleasure of seeing the sore and the surrounding surface on the same plane, with all pain abated and my patient comfortable.

I then began skin grafting, by taking the slips of cuticle from her husband's arm, and inserted about twelve points in each sore at my first operation. I then applied an artificial scab, as before described, and encased the whole with a roller of bandages. I repeated the dressing in a similar manner twice a week, and inserted skin grafts, as I thought advisable, on each visit; in all I must have inserted not less than 100. At the expiration of three weeks I discontinued inserting grafts, because there had taken some ten or twelve points in various places in each ulcer; I simply used the artificial scab, with bandaging, and added one drachm of iodoform to each dressing. After six months' perseverance I had the pleasure of seeing both feet heal up entirely, and they remained so for about one year, when the right one broke out again, in consequence of a stick of wood falling upon it endwise, inflicting an incised wound, about two inches by one inch. This has not healed as yet, but she suffers very little inconvenience with her feet at present.

Case 2.—Mr. W., aged twenty-five years, had a large abrasion of the cuticle, about eight by five inches, caused by a contusion of the calf and the skin of the right leg. This sore had been discharging for something like a year or two, with no apparent hope of cicatrization. When I was called to take charge of the case I found the patient's general health good, but the sore was an extensive one. My first dressings, for three or four days, were chalk, Peruvian bark and calomel, as before described. I then wiped the sore dry and inserted five skin grafts, and dressed as in the first case. In three days I again inserted three more grafts. At the expiration of three weeks I had the pleasure of seeing cicatrization perfected. This man went to work in less than six weeks, driving a team for one of our grocery men. His leg is still well.

Now, gentlemen, I have consulted no work before writing this paper, but simply aimed to give you a few practical thoughts in this connection, leaving out the author of this curative method, and not attempting to make any literary display, in the way of high sounding words or phraseology. You have, doubtless, all tried to heal old sores and large abrasions of the cuticle, and seen the skin almost cicatrize and then slough back; just where it begins to recede by sloughing, if you had previously inserted some grafts, you might have had the pleasure, in a short time, of seeing cicatrization completed. Then, so far as remedies are concerned, in the way of drugs, I verily believe that the various classes can be counted upon the fingers of our hands; but our therapeutics is not confined to drugs only, as this essay has tried to adduce or prove; hence we can launch out into a great field of research, and thereby make discoveries of other remedial agencies, which we can avail ourselves of in the line of our profession, and by so doing make our noble calling a science as well as an art.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a meeting of the Philadelphia County Medical Society, held at the hall of the College of Physicians, Sept. 11th, 1878, the following resolutions, offered by Professor Gross, were unanimously adopted:—

Whereas, The Philadelphia County Medical Society has heard with profound sorrow of the death of their late fellow member, Dr. Washington L. Atlee, one of the founders of the Society, and at one time its President; and

Whereas, It is meet and proper that we should give expression to our feeling upon an occasion so solemn and impressive as this; therefore

Resolved, That we deeply lament the demise of a man who, for nearly half a century, was a devoted and faithful student of his profession—a profession which he adorned by his private virtues and illustrated by his successful practice as a physician, an obstetrician, and as a gynecologist.

Resolved, That Dr. Atlee, as one of the pioneers in ovariotomy in this country, an operation which he performed nearly four hundred times, rendered most important service in recalling, as he did, the attention of the profession to the practicability and value of that operation, and in placing it upon a firm and permanent basis as one of the established processes of the healing art; at the same time that, by his private labors he conferred immense benefits upon

suffering women by increasing their comfort and prolonging their lives.

Resolved, That as an author and an able thinker his contributions to gynecology and other branches of medicine have shed important light upon the nature and treatment of female diseases, and upon the operations necessary for their cure.

Resolved, That the memory of a physician who accomplished so much for the good of his race should be cherished by his professional brethren as well as the public of which he was so valuable a member, and that his example as a high-toned, honorable and Christian gentleman is worthy of the imitation of all young men engaged in the study and practice of medicine.

Resolved, That we tender to the family of our deceased brother our heartfelt sympathy in their bereavement; and that an engrossed copy of these proceedings, signed by the President and Secretary of this meeting, be sent to them, and copies given also to the medical and secular presses of the city, with a request that they be kind enough to publish them. (Signed)

HENRY H. SMITH, M.D., President.
HENRY LEAMAN, M.D., Secretary.

THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Aortic Aneurism.

Dr. T. B. Evans visited a lady, age 26 years, and found that she had been vomiting almost incessantly for two weeks. She had no fever; the pulse was normal; there was no pain; but almost everything she took on her stomach was immediately rejected. An inquiry elicited the fact that for some time past she had had occasional cough, with mucous expectoration, also vomiting of matter streaked with blood. On examination the abdomen showed a great depression or hollowness in the epigastric region. At the bottom of the depression pulsations of the aorta could be felt; on application of the stethoscope a blowing sound was heard. Could not discover the existence of a tumor. Is of the opinion that there is an aneurism of the aorta, which, by pressing on the stomach, has led to gastric ulceration. The case forbodes an unfavorable result. Morphia and other medicines administered by the stomach fail to give relief; the hypodermic injection of morphia gives comparative relief from the troublesome vomiting. The complete absence of pain is remarkable.

Drs. Morris and Monmonier called attention to cases of atrophy of the stomach in which aortic pulsations could be felt.

Dr. Caldwell remarked that the case of Dr. Evans reminded him of that of Dr. Vickers, of Brooklyn, who for a year or so before his death suffered attacks of spasm of the œsophagus; later he had frequent spells of vomiting, the stomach became atrophied, and a depression was observed in the epigastric region. It was not suspected that he had aneurism until a few weeks prior to his death, which was occasioned by the bursting of the aneurism.

Scarlatina.

Dr. J. S. Lynch related a case to prove the autochthonous origin of scarlet fever. About two months ago a man fell through a hatchway at the State tobacco warehouse, and received a fracture of the leg. He had been confined to his bed about five weeks when he was taken with a high range of temperature, followed by a scarlet eruption, intense sore throat—later, desquamation, desquamative nephritis and albuminuria—in fact, all the symptoms that would establish beyond doubt the clinical history of scarlatina. Still later, the man, unfortunately, had an attack of pneumonia, which resulted fatally. The post-mortem showed evidences of hypostatic pneumonia; diffuse peritonitis, without effusion; and enlargement, engorgement and inflammation of the kidneys. The patient had never complained of pain or abdominal tenderness.

As he had been confined to his bed about five weeks, of course it was impossible for him to contract the disease by direct contact. At the time Dr. Lynch was not attending any other cases of scarlet fever, neither had the patient's attendants been exposed to the disease. He has seen a scarlet eruption in cases of pyæmia, but in this case he had to exclude pyæmia, inasmuch as its source could not be found in suppuration or pus formation; beside, the case was perfectly typical of scarlet fever.

The Temperature in Cerebral Meningitis.

Dr. B. F. Leonard reported a number of cases of cerebral meningitis, in which he noted a diurnal range in the temperature of 2½° F.

Fracture of the Cranium.

Dr. T. R. Brown reported the following case: About two weeks previous to the Christmas holidays, a colored drayman had his skull fractured by being struck with a stone. He was carried home in an unconscious condition, and next day came to the out-patient department of the City Hospital. There was a fracture of the frontal bone extending to the coronal suture; the fractured bone was depressed, and through the cleft the brain could be seen pulsating. The patient presented no brain symptoms from the injury. The patient was admitted to the hospital and the wound closed by sutures, and cold water dressing applied. At the expiration of the week he was discharged well, and has remained so ever since. Dr. Brown reported this case to show that our grave anticipations are not always realized, and that energetic surgical interference is not necessary in injuries of the head, unless symptoms of compression are present. Dr. Brown also spoke of the symptoms by which fracture of different parts of the skull were accompanied. Thus, when the fracture is in the anterior fossa, there is subconjunctival hemorrhage; when in the middle

fossa, auricular hemorrhage; and when in the posterior fossa, nasal hemorrhage. These symptoms have obtained so uniformly in his experience that they are of diagnostic value in the differentiation of the various forms of fracture of the cranium.

Dr. Bates relates the case of a child, age two years, who fell from a third story window; the skull was flattened, convulsions ensued, but on the third day the child had entirely recovered and has since remained well.

Epileptiform Neuralgia (Trousseau).

Dr. A. B. Arnold related a case which he considered epileptiform neuralgia. A man, forty years of age, has had for eleven years facial neuralgia of the left side, particularly about the forehead and eye. The pain is intense. The attacks come on suddenly and last not over ten minutes, frequently not more than five. The periods of the attacks are irregular. Within the last year and a half other symptoms have made their appearance. Attacks of acute delirium, lasting from ten to fifteen minutes, come on at irregular intervals, sometimes as often as three or four times, at others not over two or three times a week. Like the paroxysms of pain, these attacks of delirium come on without warning. If the patient is engaged in conversation, he all at once stops speaking, bows his head, and begins humming a tune; he does not sing, but merely hums. If interrupted he flies into a violent passion. This mental aberration passes off as suddenly as it came on, and the individual resumes the conversation where it was interrupted. The paroxysms are all alike; the monotony is never varied. In consequence of this trouble, the patient is unfitted for business. In Dr. Arnold's opinion the case is intra-cranial. The neuropathic disposition is well marked in the patient's family. The prognosis is as bad as the affection is incurable. In the way of treatment nearly everything has been tried. He has taken pounds of the bromide of potassium; the other bromides, belladonna, gelsemium and all the narcotics have been tried, and seemed but to aggravate the suffering. He has had tonics with no avail. The only remedy which seemed of any value was morphia hypodermically. This relieved pain during the paroxysms, but did not prevent their occurrence.

Injury of the Eye and Extirpation of the Eye.

Dr. Theobald related the following case: I. M. E., mechanic, eighteen months since was struck in the left eye by a fragment of iron flying from a hammer which he was using. Severe inflammation followed, and the sight became greatly impaired. When first seen, some weeks since, the eye was greatly inflamed and very painful. There was a dense white cataract and adhesion between the iris and lens. A four-grain solution of atropia had no effect upon the pupil. The patient did not believe that the iron had entered the eye. Under the influence of the atropia the pain and inflammation subsided somewhat, but the patient received a blow in the eye some days since, and from that time the pain and inflammation became more intense. There was imperfect perception of light. For several days the healthy eye has shown symptoms of commencing sympathetic inflammation—a slight injection, marked photophobia and lachrymation. To arrest the sympathetic trouble, the injured eye was enucleated, and the specimen exhibited to the Society. Lying upon the ciliary body, in the lower quadrant of the eye, may be seen the fragment of iron, about one and a half millimetres in length; and at the outer ciliary border of the iris the wound of entrance can be distinguished. The vitreous was semi-fluid.

BRITISH MEDICAL ASSOCIATION.

(*Continued from page* 198.)

The meeting passed off more quietly than usual, and there were not so many scientific papers as generally. The only excitement was in reference to the admission of women. It was refused, by a large majority, in spite of the very able plea of one of the female members, Mrs. Garrett Anderson. As her remarks are barely alluded to in most of the English medical papers, they will doubtless be read with the more interest in the United States, where the cause she advocates has outgrown its minority.

She dealt with the question from an impersonal point of view, and as a question of public medical policy. In the articles of association, the British Medical Association was stated to be founded with two objects—the promotion of medical science, and the promotion of the interests of the profession. With regard to the first object, no one could say that medical science would be promoted by excluding from the Association a body of honest and painstaking workers, who would bring to the study of many important problems some experience essentially different from that of male practitioners. For example, in that large and difficult class of ailments, the functional nervous diseases of women, reaching up to extreme hysteria, was it not likely that medical women would see a great deal of this group of ailments, and could form an opinion as to origin and treatment which it would be more for the advantage of medical science that it should be heard and discussed than suppressed? If the Association existed to promote science, it should be promoted generally, and not partially. If women were *bonâ fide* members of the profession, and really pursuing, not merely the trade, but the *cultus* of medicine, they had a right to claim that medical men should be no less solicitous about the advance of medical women than about their own. Every fresh wave of progress which resulted from the impulse of mind upon mind, from discussion, and contrasted experience, should be for the benefit of women practitioners as well as men. It could not help to promote medical science, to hinder any pursuing it from going so far as they might go if allowed the stimulus of professional

or corporate life. Then, with respect, to the second object of the Association, the promotion of professional interests: interpreting this to mean that the Association was to be a point of professional union, and an articulate voice to guard its interests, she urged that these purposes applied to women practitioners as well as to men; and surely men practitioners would not want women to be placed so that they should be ready to do the largest amount of work for the smallest price! Yet, how could men look for a spirit of comradeship, or regard for the common professional weal. If the men refused women admission to the Association, there would be created in them the spirit of antagonism and self-assertion. She also spoke at length of the strength and vitality of the movement for the education of medical women, and urged the Association not to break off all its own best traditions by refusing fellowship to members of the profession not in themselves unworthy of it.

In spite of her plea, her party was decidedly outvoted by the Association, and for the present it can have no more female members.

In the various Sections a number of reports and articles were presented, abstracts of the more interesting of which we here give.

SECTION A—MEDICINE.

The president of this section was Dr. T. Grainger Stewart. The topic for discussion was

Intestinal Obstruction.

On which Mr. Jonathan Hutchinson opened in a paper in which he claimed that cases of mechanical obstruction are really surgical and not medical cases; but he condemned exploratory operations, when the cause of the obstruction cannot be diagnosed. On the other hand he added:—

"If, however, we turn to certain cases in which the precise cause of obstruction is definitely diagnosed, then a very different decision must be arrived at. In cases of invagination, when the included tract is long, and when other measures have been exhausted, abdominal section is probably the best method of treatment. Here the surgeon knows what he is going to attempt, and that, in the majority of cases, it can be easily accomplished. The operation is justifiable at a comparatively early stage, when there is not much risk of rupture of the bowel, and but little difficulty may be expected in getting the contents back into the abdomen. Yet even here the operator encounters the discouragement of knowing that Nature is competent to the cure by sphacelus of some of the most desperate forms of intussusception, and it is not yet settled whether leaving them to this chance involves less or more risk than operating. My own opinion is, however, definite; and in any such case, enemata, insufflation and other measures, having had patient and repeated trials, I should not hesitate to open the abdomen. I have done this in two cases, and in one of them with perfect success; and successful cases have also been recorded by Mr. Howard Marsh, Mr. Howse, and other surgeons. In the peculiar form of intussusception beginning at the cæcum and advancing until the inverted ileo-cæcal valve presents at the child's anus, I should suspect that an operation will always be required, for I know of no reliable record of the recovery of such a case, either by gangrene or by the measures to which we may apply the name of rectal taxis."

He was followed by Dr. L. Fox, who related the history of two cases of internal strangulation, in which recovery had taken place from sudden and violent change of posture. He referred to the frequency of cancer as a cause of gradual occlusion of the bowel, and to diarrhœa as being an early symptom of this condition. Two cases of blocking the intestine by the growth of colloid cancer were spoken of, and the advantages of any surgical interference in such cases was contrasted with the cautious use of aperient waters and belladonna. Obstruction by cicatricial stenoses and by foreign bodies was touched upon, and the value of the induced current in localized paralysis of the gut insisted on. A brief *résumé* was given of the chief points in intussusception of the bowel, and the value of some important symptoms—vomiting, pain, meteorism, hemorrhage, and constipation—in the diagnosis of the various causes of obstruction was commented upon.

Dr. Norman Kerr gave some instances of the value of large doses of belladonna in intestinal obstruction.

Dr. E. Markham Skerritt, speaking of the occasional latency of symptoms in such affections, gave as the results of his experience—

1. An entire absence of acute symptoms may coexist with an intense local inflammation; and, therefore, it is prudent, in all cases of intestinal obstruction, to adopt treatment consistent with this knowledge.

2. If, in a case of intestinal obstruction, urgent symptoms are in abeyance, this is so far in favor of the view that the obstruction is either non-acute, or, if acute, is not to be relieved by operation.

I have been induced to bring this paper before you, in order that I may learn how far my experience in acute abdominal affections has been consistent with that of members present who are far better qualified than myself to speak authoritatively upon this subject.

Dr. Andrew (Shrewsbury) showed the post-mortem specimen taken from a case of malignant stricture, just above the cæcum, in a gentleman aged seventy-three. Aching pain in the abdomen, and sickness, with almost fecal vomiting, were the first symptoms. The abdomen was only full over the cæcum, and the pulse and temperature were normal. The abdomen gradually increased; the fecal vomiting returned; but the patient was kept fairly comfortable by belladonna and opium combined. He died after some weeks, and Dr. Andrew's diagnosis proved correct; but the disease was rather higher up than he had supposed. He

believed great weight could be placed on temperature, if there were no vomiting, which reduced temperature. There were very few cases of small intestinal obstruction without rise of temperature and pulse. In such cases, an artificial anus in the ileum was to be considered. He alluded to another case, in which the obstruction was removed by a large dose of strychnia (given by mistake). Convulsions ensued, and the patient was relieved.

Mr. Denton (Leicester) mentioned a case of obstruction in a pregnant woman. It occurred after exertion, and fecal vomiting quickly ensued. The point arose: Did the gravid uterus ever induce obstruction? Also: Should he induce labor? He decided in the negative, and simple treatment brought a cure.

Dr. O'Connor (Cork) spoke as to the difficulties of diagnosis and prognosis. A cure in fecal accumulation is almost certain. A palpable tumor is valuable. An examination of the fæces is very useful to determine which are recent, which not. When you have got rid of the tumor which fæces may cause, and find there is still a mass left, your prognosis would be unfavorable. He related the case of a lady who came to him with grumous bloody discharge per anum. Two large, round, hard masses were discovered in the rectum—lumps of magnesia, which drug she had taken in large quantities. These were removed, and she was cured.

Dr. A. P. Stewart bore evidence as to the value of inspection of the fæces, and alluded to cases of fecal accumulation of twenty days' standing. The stethoscope and enema together were valuable in diagnosis. He used to apply belladonna over the abdomen, and now he employed enemata of belladonna in every case of intestinal obstruction from the first; in simple cases always with success. One case of stricture of colon, which afterward resulted in death, was relieved for a time by enemata. Stress was laid upon the dangers of the O'Beirne's tube.

Dr. Elliston strongly recommended the syphon enema above all others.

Dr. Totherick related a case in which thirty ounces of sweet oil was injected per anum, the patient being placed on his hands and knees. He recovered. Oleaginous matter was vomited after the enema.

Dr. Clifford Allbutt remarked that too much stress should not be laid on the rapidity with which symptoms came on. In chronic cases, such as cancer, acute symptoms may usher in any knowledge of the case. In chronic cases, however, there is compensating hypertrophy of the intestines above the seat of disease, and the coils of hypertrophied bowel can generally be seen; beside, the stools are generally voluminous. If we knew that a band or twist were present, we should open the abdomen to give the patient a chance. He had known such cases successful. He would leave alone most of the cases of intussusception. He met with the case of a little boy, who, eight days before, had pain and evidence of obstruction, and peritonitis. He was soon better, but a dose of oil brought back the symptoms. It was then found that the ileo-cæcal valve and the whole of the colon were in the rectum. The child was kept under large doses of opium, and in two months recovered. He should advise operation, especially in young people. He believed injections were useful only in fecal accumulations; certainly they were of little use in intussusceptions, and most dangerous in twists or obstructions by bands. He would not say do nothing, as a rule; only a few things, such as rest and the use of opium. He had punctured the distended intestine for many years with a small trocar, simply to relieve distention, which it did; but would not advise puncture of intestine in laparotomy cases.

(*To be Continued.*)

Editorial Department.

Periscope.

The Successful Treatment of the Opium Habit.

In an article in the *Virginia Medical Monthly*, for July, Dr. Ed. F. Mann writes:—

The opium habit will yield to proper treatment, and can be thoroughly eradicated if the patient will put himself under the necessary control, and desires a cure himself; but even with the best of medical treatment, the *medicina temporis* alluded to by Cicero is an important element in the cure of the opium habit. By a slow reductionary course of treatment—the dose of opium being diminished gradually—thus avoiding much suffering and nervous prostration, and as a substitutional stimulant, and sedative to the nervous system, the daily use of *electricity*, in the writer's hands, has proved, and is at the present time proving, in one of the most intractable cases, a sure and efficient means of stimulating the central nervous system, and also invigorating it, so that the withdrawal of the opium is attended with very little suffering to the patient. Not only does the stimulating and tonic properties of electricity take the place, to the nervous system, of the opium, but it directly diminishes the appetite for it, in the same manner as it does of alcoholic inebriety, where our patients have repeatedly told us that they no longer felt the craving for the alcoholic stimulus.

The patient just referred to as a difficult case for treatment has been in the habit of taking opium for *thirty-five years*, until *two* hundred grains were taken daily, together with two hundred and forty grains of chloral. This patient was admitted, on the verge of insanity, with defective memory, staggering gait, defective articulation, complete loss of muscular power and maniacal excitement. He had delusions of fear and persecution, and was suspicious of all about him, and the whole condition of the nervous system was pitiable in the extreme. After the first day the chloral was entirely withdrawn, and nerve tonics, together with strong beef tea and milk, alternated at short intervals, were given. The stomach soon became quiet, and the systematic use of electricity was at once commenced. The induced Faradic current was applied to the central nervous system, applications being made to the brain, spinal cord and sympathetic nerve. To quiet the cerebral excitement, the constant or galvanic current was applied for three or four minutes to the bi-temporal region, with the most gratifying results—the patient becoming quiet, and a distinctly sedative action was at once obtained. A very weak current only is admissible to the bi-temporal region; four cells of a freshly charged battery being amply sufficient to induce the desired quieting effects. The citrate of caffeine in two-grain doses has also a decidedly counteractive influence to the effects induced by opium, and is a valuable adjunct to treatment.

The Muscular Powers of the Uterus and Vagina.

Dr. R. J. Nunn writes, in a letter to the Atlanta *Medical and Surgical Journal*, for June—

For some time I have been investigating, as opportunity offered, the very remarkable powers of suction, retention and expulsion, voluntary and involuntary, possessed by the vaginal walls. In particular, the value of the voluntary muscular efforts of the parturient female is recognized, but such, I think, is not the case with similar powers possessed by these organs in their normal condition, or, if it has been, it has fallen into obscurity, and is not given that prominence as a remedial agent in cases of displacement of the uterus to which I consider it to be justly entitled.

The degree of force and of capacity varies in different individuals. The former is rather difficult to estimate, requiring the construction of special instruments, which I have not yet been able to perfect. At present, therefore, I can do little more than state the fact. The greatest capacity, or power of retention of fluid (water), which has come to my knowledge, is half a pint, and this case I obtained through Dr. H. E. Gantillon, Paris, who has kindly consented to aid me in these investigations. Gynæcologists can easily investigate this subject for themselves, but they will find many women who do not possess this power, or, rather, who do not know how to exert it. They must, therefore, be prepared to exercise a little patience in their research, for, like all other voluntary muscular action, it can be increased by practice, and ultimately become, not involuntary, but unconscious muscular action.

To me it appears to be a mistake to look upon the uterus as wholly an inert organ, subject only to the laws of gravitation, etc., to be pushed about at will, and supported by mechanical contrivances alone, without consulting the voluntary efforts of the patient to aid in its support, or without instructing her how to utilize those voluntary muscular efforts to assist in replacing a displaced uterus; and, again, it is highly important that she should be informed how to avoid those expulsive movements which would aggravate her condition, if not absolutely cause it.

This remarkable power, when applied to the inhalation and exhalation of air, as I have seen it, offers an explanation of many phenomena, such as the crying of a child "in utero," etc., and might give rise to some curious questions in jurisprudence.

It is by no means my intention to propose this as a means intended to supersede the several treatments at present employed, but to suggest it as a most important adjunct in this class of troublesome diseases, whose treatment is, on the whole, most unsatisfactory. Many displacements I conceive to be more or less the result of a vicious habit, like round shoulders or stoops, and to be capable of amelioration by similar means.

The Relation of Albuminuria During Pregnancy to Puerperal Convulsions.

In a discussion at the New York Obstetrical Society, Dr. Noeggerath said that at a previous meeting it had been stated that thirty per cent. of pregnant women had albuminuria. He thought the proportion was not greater than thirteen or fourteen per cent. It had been further stated that it was safe to treat cases of albuminuria, during pregnancy, by saline diuretics. He had often seen such cases too late. Under certain circumstances, if albumen was present, it was proper to induce labor as rapidly as possible. It was neither the amount of albumen nor of other constituents of the urine which indicated the immediate danger of convulsions. He considered two conditions ominous: I. Albuminuria coexisting with anæmia, or hydræmia. II. Albuminuria coexisting with some nervous disturbance, as severe headache, or dimness of sight. Another dangerous class was that in which albuminuria occurred in very plethoric subjects, where the pulse was very full and hard. If, however, a patient in ordinary health was found to have a slight amount of albumen in the urine, there was no objection to waiting until remedies had been tried. There was only one reliable remedy—Tarnier's treatment by skimmed milk. He had seen albumen diminish considerably within three days, under

its use. Another remedy he was astonished not to hear spoken of was chloral. He mentioned a case in which the albumen disappeared from the urine as long as chloral was given, and reappeared as soon as it was stopped. There were different forms of albuminuria. That of pregnancy was not the same as that which caused the serous effusion of dropsy. Chloral had, perhaps, some influence in changing the character of the albumen.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Faradization, Localized and General Galvanization, Electrolysis and Galvano-cautery. By George A. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D., etc. Second edition. New York, William Wood & Co. pp. 794.

The first edition of this work appeared in 1871, and soon took rank as a leading treatise on the special branch with which it dealt. The authors have given a great deal of attention to the preparation of this second edition, enlarging and mostly rewriting the previous one, and aiming to include all the results which, up to the present, have been attained in electro-therapeutics. Electro-physics have also come in for a large share of attention, and every effort has been made to render this difficult and generally distasteful part of the subject comprehensible to all readers who will devote to its study a sufficient share of time and work. Electro-surgery, a comparatively new branch, receives very full treatment, more so than in any other work in the language we can recall. Much of it is, to be sure, merely tentative as yet, but that there is a future before investigations of this sort, cannot be doubted. Of course, those forms of electrical treatment known as general electrization and central galvanization, of which the authors may claim to be the inventors, are described in full detail, and are, moreover, endorsed and supported by the reports of other therapeutists, who have made use of them.

It has always been the case that electricity is an unmanageable and disappointing agent in the hands of the general practitioner. We have no doubt this will continue to be the case; we fully believe it must become a strict specialty, confined to few, and to institutions devoted to the purpose; but it is altogether to be desired that all practitioners acquaint themselves with its theories, and with the results that, in skilled hands, and under favoring surroundings, it is capable of producing.

A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M.D., London. Second American, from the second and revised London edition. With 181 illustrations. Philadelphia, Henry C. Lea, 1878. 1 vol., 8vo, pp. 784.

The author of this work is too well known to the American medical public to need an introduction; and the former edition of his book is too familiar to demand for this one any lengthened description. The present issue is not increased in size, but has been carefully revised by the author, and a variety of new matter added, in the place of what previously was redundant, or has already become obsolete by the rapid march of that branch of medicine.

Dr. Barnes does not belong to the hardy innovators in science; he is rather conservative, and hence is always safe. He gives a very lukewarm sanction to such operations as "normal ovariatomy," amputation of the uterus, and such daring undertakings. In regard to pessaries, in spite of the thousands of new forms he falls back on Hodge's lever as having "the least amount of drawbacks;" and passing by the seductions of the hundreds of new devices for speculums, he prefers, for general use, that long since invented by Cusco. Yet he is far from illiberal in his notices of even what he does not endorse; and on several topics where we expected to find positive condemnation, we were pleased to meet a fair statement of the question, and a recommendation to hold the matter "under advisement" until a fuller experience and a wider application would pronounce definitely on the success or failure of the proposal.

The interest which is manifested in gynecology is justified by the great importance to the community of healthy mothers—women strong to bear the burdens of maternity, and equal to the calls of social life. Such works as this are sure to aid to this end.

It is well printed, on excellent paper, and is in a fair, clear type.

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THE VARIED PLANS OF PAYING THE DOCTOR.

There is a branch of the profession of medicine on which we don't remember to have heard a single lecture, and which, too, as lecturers are wont to say, "you won't find in the books;" and yet even that pervading type, "the busy practitioner," gives it no slight share of his time and attention. This momentous branch is *how to get best paid for one's labor.*

Not few are the projects devised to accomplish this. A few years back, in this country, before the general upheaval of business values, a "fee-bill" was the customary plan; a fixed sum to be charged per visit, per operation, per mile, and the like. Most Societies formally adopted such, and the profession of a locality usually attempted to carry them out, and adjusted their charges in accordance with them. We have known conscientious physicians who made out all their bills, even to their poorest patients, in accordance with the maximum rate of the fee-bill; if the accounts were paid without grumbling, so much the better; if complaint was made, the doctor solemnly pointed to the printed schedule, explained its serious and binding import, but proceeded to offer to receipt for a half or a third of the amount, in view of the impecuniosity alleged. Thus he always got the most possible, and when he made a reduction, had due credit for his benevolence.

But of late years "fee bills" have fallen into desuetude. Courts have pronounced them not binding in law, and of no account, even as showing "custom." The general rule now is to "charge what you think you can get." Measure the length of your bill by the depth of your patient's purse. If he is recalcitrant, you can sue him, and if your lawyer is skillful, you are likely enough to gain your case.

The public, however, have recently shown symptoms of dissatisfaction with this easy system. In some quarters it has been alleged to resemble the ancient law of property so

highly esteemed by Rob Roy and his compeers—

> "The good old rule, the simple plan,
> That he should take who has the power,
> And he should keep who can."

Hence, efforts have been made to fix doctors' charges in some definite manner. In cities and large towns associations of various kinds have taken kindly to employing a physician for all members of their families at a stipulated rate per visit. Heads of households have sometimes agreed to pay so much a year for medical attendance, whether more or less is required. Provident dispensaries have become very popular in England, where, for a low weekly rate, persons can obtain, during illness, both medicines and medical attendance. A writer in the *Evolution*, a journal of "progressive thought," not long since took the position that all medical attendance should be furnished by the State, and all physicians regularly salaried by the government, so many to a city or district, according to population. One reasen he urged for this was that, as matters stand, there is too obvious a discrepancy between the physician's and the patient's interest, it being to the advantage of the former and the detriment of the latter to increase unduly the frequency of visits.

This, too, seems to have been an ever present suspicion in the minds of that very shrewd and practical people, the Chinese. It is said they usually pay their doctor a weekly stipend while in good health, which, however, ceases when they take sick. But a Yankee doctor has made an improvement on this plan, which is worthy of note. We learn it from a daily paper, in the following extract:—

"A Springfield (Mass.) physician has an arrangement whereby he is paid for giving hygienic advice and suggesting preventives of disease. He has fifty patients to keep well, at $3 a year each. If he is required to visit them, half the usual fees are charged. The understanding has existed two years."

The arrangement is a good one. It meets the ever-present difficulty of securing the personal application of hygienic laws; it unites the interests of patient and physician; it secures to the latter a knowledge of his patient's system and habits in health, often a matter of great importance to proper treatment. We could, however, suggest one or two improvements; for instance, if the patient fell sick through the deliberate violation of the hygienic precepts given him, he ought to agree to pay double the usual fees; and it is certainly worth more than $3.00 a year to secure the efforts of a physician to keep a man in good health. But we leave this interesting subject for suggestions from our readers.

Notes and Comments.

Impure Medicines.

That very much of the uncertainty in therapeutics is owing to inferior and adulterated drugs, is only too evident. Dr. Liebreich has publicly condemned much of the chloral in market, and Prof. Tichborne, of Dublin, says, in a recent report—

"Some time since I had to perform experiments, pathologically and otherwise, with atropia. The English specimen proved itself, at the lowest computation, six times as strong as the German. How is the physician to regulate his dose in such a case, where one-fiftieth of a grain will produce a marked result?" And again, referring to a series of specimens of extract of colocynth of the most various degrees of activity, he observes: "In a substance in which the medical man depends upon a dose of two to eight grains, this presents a wonderful range of active principle, from fourteen per cent. to two-and-a-half per cent." The same inequality prevails, only to a greater extent, in this country.

Diarrhœa in Children.

A not altogether new, but good and simple, plan of treating infantile diarrhœa is recommended by Dr. Black, in a late number of the *Journal de Therapeutique.*

Whatever be the nature of the diarrhœa, its origin, its intensity, or the time elapsed since its inception, the treatment which the author proposes, modified according to the cases, and which has constantly been successful in his hands, is as follows:—

1st. Diminution of the nourishment; appro-

priate injections repeated as required; and the application of poultices to the belly.

2d. Administer each morning, for three, four, or five days in succession, a small teaspoonful of a mixture of equal parts of castor oil and syrup of acacia, simply emulsionized by shaking the bottle at the time of giving the medicine.

In order that this medication may produce a curative effect it is necessary to give the mixture in very small doses, and to repeat its employment for several days in succession. Three or four days running is generally sufficient to modify the nature of the stools and to diminish their number. If after two days' treatment the diarrhœa is moderated without disappearing it should be suspended for a day, and then the same dose should be resumed, but after a day's interval.

Dr. Martin's Bandage for Ulcers.

The bandage described by Dr. H. A. Martin in the last volume of the "Transactions of the American Medical Association" has been tried successfully by a number of surgeons. Dr. William A. Byrd, for instance, of Quincy, Ill., writes to the *American Medical Biweekly*—

I have treated quite a number of patients after Dr. Martin's method, with but one failure, and that case should not count, as it was an obstinate old woman with hardly blood enough to sustain life, who was so contrarily disposed as to be unmanageable at the hospital. She had a large ulcer of several years' duration just above the left ankle, caused by chronic eczema. The eczema got rapidly well under the rubber bandage, the ulcer improved in appearance and size, but as she persistently changed the bandage for ointments and other applications, I permitted her to take full charge of the case.

Effects of Excessive Beer Drinking.

Dr. Boens, of Belgium, says, in a recent memoir quoted in the Dublin *Journal of Medical Sciences*—

The drunkenness produced by beer differs from the drunkenness occasioned by the use of the stronger alcoholic beverages or wines. In the first case there is collapse of organic and muscular strength, sometimes even from the very beginning. In the second there is more of a general excitement of the circulation and of the nervous system.

Among subjects having a predisposition to certain diseases, or suffering from organic lesions, as well as in persons of a sound and healthy constitution, but who drink too much beer, drunkenness is sometimes complicated with intercurrent accidents, severe enough, occasionally, to endanger life, at times to leave behind them incurable infirmities, such as epilepsy, deafness, total or partial paralysis of the extremities.

Thermometry as a Guide in Detecting Miliary Tubercle.

It is stated in *Il Morgagni* that the "inverse" type of the body temperature, that is to say, a high degree in the morning, and a lower one at night, is a symptom of great clinical value in the diagnosis of miliary tuberculosis, either acute or consecutive to caseous pneumonia. Out of seventy-one subjects dead from phthisis, Prof. Prunniche has noted this type of temperature in the proportion of 63 per cent.

In the subjects who had succumbed to caseous pneumonia without miliary tubercles the proportion was 25 per cent., while in the caseous pneumonias with miliary tubercles the proportion rose to 85 per cent.

Modern View of Conscience.

A writer in the *British Medical Journal* complains that Dr. Henry Maudsley has not left us much of a conscience. "Conscience," says Maudsley, "is a function of organization, the highest and most delicate function of the highest and most complete development thereof." This, if taken literally, abolishes morality and reduces man to a machine. On such a view there could be no difference between crime and insanity at all. A man could do no other acts than those he has done. It would be absurd for others to blame him, and for himself to feel remorse, except in so far as that also would be a morbid symptom.

This is pushing physiological psychology to the extreme.

Composition of Gases.

In a recent paper Profs. G. J. Stoney and J. E. Reynolds say that gases are composed of an almost infinite number of minute particles constantly moving in various directions among themselves. They have, however, other regular motions in lines. Those motions indicate harmonic or quasi-harmonic vibrations. It is not possible to say which. Some idea might be formed of the rapidity and minuteness of these

vibrations from the fact that in one gas 80,000,000,000, and in another 22,800,000,000,000 occur in the course of a single second. In illustration of this marvelous statement, Mr. Stoney exhibited, in a diagram, the spectra obtained in the case of chloro-chromic anhydride.

CORRESPONDENCE.

The Theory of Malarial Poisoning.

ED. MED. AND SURG. REPORTER:—

I had hoped there would be no occasion for me to take any notice of criticisms that might be made of my communication, which appeared in the REPORTER, of March, 23d. But T. J. Scott, M.D., of Arkansas, in No. 1, of present volume has so misunderstood me, that I am compelled to take some notice of his letter.

In the outstart, he says I favor the "humoralistic teaching of Andral," while there is not a word to convey that impression, but on the contrary my whole theory is the reverse of it. He then quotes me thus: "The profession has, for ages, attributed all periodical fevers to the action of miasma, absorbed and taken up into the circulation; a theory I have not, from observation and experience, been able to endorse."

The sentence correctly quoted would read thus: "The profession has, for ages, with one accord, attributed all periodic fevers to the effect of miasma, a specific poison, absorbed and taken in the circulation of the blood, thereby chemically changing and contaminating it, a theory I have never been able to reconcile with the character of the disease." I beg you to notice the difference; here the doctor not only takes from me words, but attributes such to me as I did not use. He certainly must have quoted merely from memory.

He again quotes me, in part, while the context will give a different sense to the reading. After making his quotation above, he asks a comparison of it with the following penned quotation. "I will submit, as a fact demonstrable, that the blood is simply a vehicle which conveys the morbific agent." The sentence in my communication reads thus: "In the first place, I cannot admit, and must deny, that malarial fever is a blood disease; and will submit, as a fact demonstrable, that the blood is simply the vehicle which conveys the morbific agent," etc. "The advocates of the chemical hypothesis contend that the constituents of the blood become altered and contaminated by the peculiar miasm or virus, but when such blood is introduced into the circulation of a healthy individual, it gives rise to nothing like the original disease." He again quotes me: "The morbific agent called malaria is conveyed through the circulation of the blood to the nervous system, for which it has an elective affinity." No such sentence as this appears in my communication, and why he should have manufactured one to suit his convenience I cannot conceive. He then proceeds to prove, by reference to Vaudeen, Stilling and Vallani, that no poison has been discovered in the circulation of animals destroyed by the effects of malaria; thereby endeavoring to make it appear that I advocated an adverse theory. I distinctly claimed, and started out with that idea most prominent, that the blood is not contaminated by the poison called malaria. Yet, here he comes, notwithstanding all this, with an inference merely, of his own drawing, to fasten upon me.

In the Doctor's eagerness to criticise me, he has brought to my aid some convincing proof of my position. He elaborates considerably on the manner by which the system is affected by impressions made upon the sentient extremities of nerves, and claims that there must be a circuit of reflex action, through a nervous centre; but where this nervous centre *is*, he fails to define. He further claims that morbific as well as all other agents of positive virtues make their impressions upon the sentient extremities of nerves, and are transmitted by reflex action, to a nervous centre, where a power is developed, known as the "nervous power." Does this "nervous power" exist naturally, or is it only developed by virtue of agents applied to the sentient nerves? He should have defined himself more clearly.

Dr. Dowler, of New Orleans, after instituting a series of experiments on the alligator, demonstrated, in the clearest manner, that the operations of the muscles can be influenced, independent of the nervous centre, or by virtue of any reflex action. Dr. Dowler divided the muscles of the neck, the cervical vertebra, and the spinal cord, also the spinal cord between the shoulders and hips, destroyed the sympathetic nerve, and "yet for a period of more than two hours the alligator exhibited *complete intelligence, volition, and voluntary motion in each and all divisions of the body. It saw, felt, and defended itself; showed anger, fear, and even friendly attentions to its keeper, a black boy.*" After concluding numerous other experiments of a similar nature, Dr. Dowler concluded thus: "That voluntary motion is neither directly communicated from nor regulated by the brain, or the cerebellum; that the muscles in connection with the spinal marrow perform voluntary motions for hours after having been severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord itself; *that the trunk, as well as the brain, thinks, feels, and wills, or displays psychological phenomena; that the sensorium is not restricted to a single point, but is diffused, though unequally or in a diminished degree, in the periphery of the body, and that actions which take place after decapitations, as described above, are in absolute contrast to reflex action, being sensational, con-*

sentaneous and voluntary, and in other respects dissimilar."

I quote the above, not with the view of endorsing, or establishing a theory of my own, but merely to show that the theory of reflex action is not universally accepted, and that Dr. Dowler explodes the chimera of "nervous power."

Either Alston or Gallais holds that "Injurious impressions may be made upon the extreme nerves, either by deleterious matters absorbed into the blood, and brought into direct contact with them, or by certain external applications, like electricity, magnetism, heat, cold and exercise."

So far as the operations of the nervous system are concerned, we can quote authorities to establish almost any theory, and so varied are the conclusions of eminent physiologists, that I am constrained to apply the following, not over elegant, but expressive lines—

"No one can tell, nor no one knows
How oats, peas, beans or barley grows."

I do not ignore the "absorption theory," and not a word or line in my communication can convey that impression to a reasonable and intelligent mind.

The "chemical theory" is what I have not endorsed, and I kept that idea prominent throughout. The main point I endeavored to discuss was the pathology of the agent that produces ague, and my critic has unconsciously accorded me right in that, and has not made an effort to dissent from my views.

I had no desire or inclination to dissert on the physiology of the nervous system, as that will require more time and capacity than I possess, to do justice to the subject.

A. S. STONEBRAKER, M.D.

Waco, Texas, Aug. 25th, 1878.

NEWS AND MISCELLANY.

Deaths of Physicians from Yellow Fever.

The following physicians have fallen victims to the pestilence:—

Grenada, Miss.—August 19th, Dr. Milton and Dr. Hawkins. September 1st, Dr. W. W. Hall, Dr. Hughes. September 5th, Dr. Gillespie. September 7th, Dr. E. J. Hughes. September 13th, Dr. May.

Memphis, Tenn.—August 21st, Dr. F. Sarner. August 25th, Dr. John C. Rogers. August 28th, Dr. Hopson. August 30th, Dr. K. T. Watson. September 2d, Dr. L. R. Laske. September 4th, Dr. W. R. Hodges. September 7th, Dr. T. M. Dickinson. September 8th, Dr. R. B. Williams and Dr. Mead, a volunteer from Kentucky. September 13th, Dr. J. B. Woodward. September 15th, Dr. McGregor, of Tipton Co. September 16th, Dr. T. L. Bond, of Brownsville; Dr. Menees, of Nashville; Dr. J. R. Renner, of Indianapolis, Ind. September 17th, Dr. John Erskine, Health Officer; Dr. J. E. Penn. September 18th, Dr. J. B. Hicks and Dr. J. S. Bankson.

Vicksburg, Miss—August 28th, Dr. Booth. September 6th, Dr. P. F. Whitehead, Dr Potts and Dr. Bichfeldt, of Chattanooga.

New Orleans, La.—September 2d. Dr. J. G. Byrne. September 12th, Dr. Herndon.

Canton, Miss.—August 23d, Nathan McGee. September 1st, Dr. M. J. McKee. September 17th, A. F. Cage.

Holly Springs Miss.—September 17th, Dr. F. M. Fennell.

Hickman, Ky.—September 13th, Dr. J. D. Woodward.

Reports of Epidemics for Week Ending September 21st, 1878.

Reported by the U. S. Marine Hospital Service.

VICKSBURG.—Epidemic abating. There were 121 deaths during the week ended yesterday evening, a decrease of 113 deaths from the week before. 11 deaths occurred in the last twenty-four hours. Total deaths to date 721.

NEW ORLEANS.—During the week ended yesterday noon there were 1401 cases of yellow fever and 445 deaths, a decrease of 172 cases and 85 deaths as compared with previous week. In the last twenty-four hours reported there were 165 cases and 69 deaths. Total cases 7538, deaths 2368.

BATON ROUGE, LA.—The first case of yellow fever reported to the Board of Health occurred on the 14th of August. A previous case, not reported to the Board, but thought to have been yellow fever, occurred August 10th. First death August 18th. To 9 A. M. yesterday there had been 672 cases and 39 deaths.

MORGAN CITY, LA.—During the week ended yesterday evening, there were 41 cases of yellow fever and 10 deaths, making in all 66 cases and 18 deaths.

MOBILE, ALA.—4 cases of yellow fever and 2 deaths occurred during the past week, making in all 6 cases and 4 deaths.

GRENADA, MISS.—For the week ended yesterday evening there were 20 new cases and 37 deaths. Total deaths to date, 271. No decrease in virulence of the fever. Dr. Henry Stone, of Natchez, is the only physician on duty.

PASS CHRISTIAN, MISS.—From September 9th to 20th, A. M., there were 6 new cases of yellow fever and no deaths. Total cases 21, deaths 1.

BILOXI, MISS.—20 cases of yellow fever and 7 deaths have occurred to Sept. 20th.

OCEAN SPRINGS, MISS.—There were 14 cases of yellow fever and 3 deaths for the week ended yesterday evening. Total cases 51, deaths 12.

MEMPHIS.—620 deaths from yellow fever occurred during the week ended Thursday evening, September 19th, making a total of 2131 deaths. The number of cases not known to Memphis Board of Health.

BROWNSVILLE, TENN.—During the week ended yesterday evening there were 100 new cases of yellow fever and 15 deaths, making in

all 130 cases and 44 deaths. The deaths for the week ended September 14th were 29, instead of 9, as stated in last report.

HICKMAN, KY.—42 deaths from yellow fever occurred during the week ended yesterday evening. 16 new cases and 3 deaths during the last twenty-four hours. Total cases to date 205, deaths 74.

ST. LOUIS.—During the past week there were 6 deaths from yellow fever, 4 of which were at quarantine. All refugees.

LOUISVILLE.—18 cases of yellow fever and 8 deaths for the week ended yesterday evening. Total cases 77, total deaths 26. All refugees.

CINCINNATI.—5 cases of yellow fever and 1 death during the week ended yesterday evening. All refugees. Total cases 30, deaths 13.

GALLIPOLIS, OHIO.—Since the last report, to September 18th, there was one new case of yellow fever and 3 deaths, making in all 28 cases and 12 deaths. All traceable to the infected John D. Porter.

INDIANAPOLIS, IND.—One refugee died of yellow fever September 17th.

BAY ST. LOUIS, MISS.—15 new cases of yellow fever occurred during the last week. Deaths not reported.

CAIRO, ILL.—3 new cases of yellow fever since last report. 2 died in Cairo and one went to Mound City, eight miles from Cairo, and died there.

Decline of the Yellow Fever.

A marked decline has taken place in the epidemic in Memphis. Many nurses have been released, in order that they might return to their homes. At other places the reports generally show no cause for new alarm. At points distant from the original fever district deaths are reported, but uniformly they have been refugees, or, as at Gallipolis, Ohio, cases of special infection. The worst of the terrible epidemic is undoubtedly over, and another week will show a great decline in its fatality.

Cholera in Africa.

An official report from Morocco, Africa, says—Asiatic cholera has appeared in the cities of Mequinez and Fez, Morocco, causing the death of from 20 to 30 victims daily in the former city, which is about 170 miles from Tangier. Information of the disease came to Felix A. Mathews, Consul of the United States at Tangier; and in his capacity as President of the Board of Health of Morocco, he dispatched Dr. Tadeo Martinez, formerly of the Spanish navy, to visit Fez and Mequinez. Dr. Martinez left Tangier, August 7th, with an escort of 200 Moorish troops, and, after forcing his way through the lines of revolutionists besieging Mequinez, entered that city on the 14th of August, where he found the disease to possess all the well-known characteristics of Asiatic cholera. From a report obtained from the custodian of the Jewish cemetery, the number of deaths of the Israelites since the first appearance of the disease exceeded 400. The disease was reported to have spread to Sherarda, a province bordering on the city of Mequinez. Dr. Martinez attributes the disease to the unsanitary condition of the city, but Consul Mathews suggests the possibility of the germs of disease having been brought by the thousands of pilgrims returning from Mecca. The unsanitary condition of the crowded cities of Fez and Mequinez is described as "entire want of precautionary measures of cleanliness within and without the houses. In some quarters offal, filth, dead animals, and dirt of all kinds and origin are allowed to accumulate from year to year, until they reach the level of the windows, creating inexpressibly repugnant exhalations of the most deadly and life-destroying miasm." The port of Tangier and its environs are free from any infectious disease.

Personal.

—Dr. Philip Leidy, of this city, returned from Europe by the steamship Pennsylvania, September 8th.

—Dr. Charles M. Cresson has been appointed chemical expert of the Board of Health.

Items.

—A woman died recently at Westward Ho, Devonshire, England, from the bite of a common fly.

—Vermont's fat woman, Mrs. Albert Smith, of Rochester, died recently, her weight being over four hundred pounds, and the coffin in which she was buried, at Saxton's River, was as wide as a common express wagon.

—The *American Practitioner*, Louisville, informs publishers, in its September number, that it will give a favorable and gratuitous (!) notice of forthcoming publications for *six* volumes, but scorns so to demean itself for *one!* Nothing like knowing people's prices.

MARRIAGES.

ALLEN—SELLERS.—August 21st, 1878, at the Presbyterian Parsonage, Wapello, Louisa Co., Iowa, by Rev. A. M. Heizer, C. B. Allen, M.D., and Miss Blanche Sellers, both of Cairo, Louisa Co., Iowa.

CAMPBELL—DORSEY.—In Dallas, West Va., September 5th, by Rev. John H. Aughey, T. J. Campbell, M.D., of Fair Hill, and Miss Sadie E. Dorsey, of Rock Lick.

MCKEEHAN—WILLIAMS.—At Minneapolis, Minn., Thursday, August 8th, at the residence of C. H. Pettit, by Rev. James A. Reed, D.D., assisted by Rev. R. M. Semple, D.D., Alfred McKeehan, M.D., of Michigan City, Ind., and Miss Catherine E. Williams, daughter of Louis H. Williams, Esq., of Minneapolis, Minn.

DEATHS.

GODDARD.—At "The Burlington," Sunday morning, September 15th, Dr. John Tyler Goddard, in the thirty-eighth year of his age.

HERNDON.—At New Orleans, September 12th, Dr. C. L. C. Herndon, aged forty, formerly a surgeon in the United States army.